

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568725

FILING DATE

DEC 13 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4		1				
5		1				
6		2				
7		00000000				
8		00000000				
9		00000000				
10		00000000				
11		00000000				
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42			/			
43				/		
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45				/		
46						
47						
48						
49						
50						
TOTAL IND.	1	↓	6	↓		↓
TOTAL DEP.	20	←	20	←		←
TOTAL CLAIMS	21		24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						